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| <b>SERIAL NUMBER</b><br>10/026,758 | <b>FILING OR 371(c)<br/>DATE</b><br>12/27/2001<br><b>RULE</b> | <b>CLASS</b><br>345 | <b>GROUP ART UNIT</b><br>2628 | <b>ATTORNEY DOCKET<br/>NO.</b><br>8350.1647-00 |
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\*\* CONTINUING DATA \*\*\*\*\* N/A A.C.

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A A.C.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>Ac.</i>  |                           |                        |                       |                            |

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## TITLE

Schematic colorization system

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|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1096 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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